

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008371  
STATE FILE NUMBER

FILED APR 1 1959

Registration District No.

17

Primary Registration District No.

5-096

Registrar's No.

37

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt Pleasant Twp</b>		c. CITY OR TOWN <b>Rich Hill</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pine Tree Rst Hme</b>		d. STREET ADDRESS (If outside, give location) <b>12th &amp; Pine St.</b>	
Length of stay in lb <b>6 Months</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HOMER</b> Middle <b>SCHULTZ</b>		4. DATE OF DEATH Month <b>March</b> Day <b>24</b> Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>April 28 1887</b>
9. AGE (In years last birthday) <b>71</b>		10. F UNDER 1 YEAR Months <b>71</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	11. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>common labor</b>	
11. BIRTHPLACE (City and state or country) <b>Rich Hill, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles Schultz</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Otterbeen</b>	
14. NAME OF HUSBAND OR WIFE <b>1790</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes W.W.I</b>	
16. SOCIAL SECURITY NO. <b>493-12-072</b>		17. INFORMANT <b>Mrs. B.F. Wheeler-Butler, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>soft side heart failure</b> DUE TO (b) <b>metastasis of carcinoma to lungs</b> DUE TO (c) <b>carcinoma penis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1790</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>2 months</b> <b>14 months</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>0</b> a.m. <b>0</b> p.m. <b>0</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Rich Hill, Missouri</b>		20g. COUNTY <b>Bates</b>	
20h. STATE <b>Missouri</b>		21. I attended the deceased from <b>July 1958</b> to <b>March 24 1959</b> and last saw him alive on <b>March 24 1959</b> Death occurred at <b>3 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>L. D. Laffner, M.D.</b>		22b. ADDRESS <b>Butler, Mo.</b>	
22c. DATE SIGNED <b>3/28/59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>3/27/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	
23d. LOCATION (City, town, or country) <b>Rich Hill, Missouri</b>		23e. (State) <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Booth Funeral Serv-Rich Hill, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>March 28 1959</b>	
26. REGISTRAR'S SIGNATURE <b>Richard Laffner</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 10 1959  
APR 9 1959  
APR 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Robert H. Steinbuhl* .....

Licensed Embalmer No. *4657* .....

P. O. Address *Butler, N.J.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.